

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/531530** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		1				
5		1				
6		1				
7						
8		1				
9		1				
10		1				
11	1					
12			1			
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
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46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	9	←	9	←		←
TOTAL CLAIMS	11		11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	←